2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000046677

1. Entity Name
J & G PASO FINO SHOW HORSES, INC.

Principal Place of Business	Mailing Address
12804 S.W. 8TH STREET MIAMI, FL 33184	12804 S.W. 8TH STREET MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

01062006 | No Chg-P | CR2E034 (11/05)

4. FEI Number 65-0860438	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JUAN R
12804 S.W. 8TH STREET
MIAMI, FL 33184

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

01000005R473
04/27/06-80024-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIAZ, JUAN R
STREET ADDRESS	12804 S.W. 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	DIAZ, MARTA
STREET ADDRESS	12804 S.W. 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juan R. Diaz   4-11-06   (305) 559-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #